

Signature:

## **Iowa Department of Public Health**

## **Additional Caregiver Form - Application for Cannabidiol Registration Card**

This form should be used when there are more than three caregivers on the application for Cannabidiol Registration Cards. The form must be fully completed to be considered for approval by the Iowa Department of Public Health. If the form is not complete, the applicant will be contacted for the missing information. This form must be attached to the full application which is initiated by the patient or the parent or custodial guardian if the patient is under age 18. The full application must be submitted to the patient's treating neurologist for completion, and submitted to address presented on the first page of the full application.

SECTION I. PATIENT INFO	RIMATION (If you d	are nana writing the applicat	tion, please print.)	
Patient Name:				
	(first)	(middle)	(last)	
Treating Neurologist:				
(first)		st)	(last)	
SECTION II. PRIMARY CAR	REGIVER INFORMAT	ION		
Name:				
	(first)	(middle)	(last)	
Address:				
		(street and number)		
(city)		(state)	(zip code)	
Date of Birth:/ (month) (d	ay) (year)	<b>Sex</b> : Male	Female	
Telephone Number: (		· <del></del>		
Valid Photo Identification	: <u>Attach</u> a copy of the	e Primary Caregiver's valid ph	noto identification.	
APPLICANT - PRIMARY CA				
•	•		custody of the patient as being	
•	•	•	lical use of cannabidiol pursuant to . I certify that the foregoing	
			and correct. I understand that	
	•	result in the denial or cancel		
-	=	vere penalties (fine and/or ir		
submission of known false	information. I unde	erstand I am required to kno	ow and comply with provisions of	
the Medical Cannabidiol A	Act and the administ	rative rules which impleme	nt this Act. I understand this	

application does not, by itself, provide authorization for the Cannabidiol Registration Card.

Date: \_\_\_ \_\_/ \_\_\_ \_\_\_